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|--|---|----------------------------------|---|--------------------------------------|--------------------------------|
| <b>SERIAL NUMBER</b><br>10/619,579   | <b>FILING OR 371(c) DATE</b><br>07/16/2003<br><b>RULE</b>   | <b>CLASS</b><br>358              | <b>GROUP ART UNIT</b><br>2625   | <b>ATTORNEY DOCKET NO.</b><br>116614 |                                |
| <b>APPLICANTS</b><br>Atsushi Yokochi, Chiryuu-shi, JAPAN;<br><b>** CONTINUING DATA *****</b> <i>N.A. CD</i><br><b>** FOREIGN APPLICATIONS *****</b> <i>YES. CD</i><br>JAPAN 2002-211223 07/19/2002<br>JAPAN 2002-211224 07/19/2002<br><b>IF REQUIRED, FOREIGN FILING LICENSE GRANTED</b><br><b>** 10/16/2003</b>                     |   |                                  |   |                                      |                                |
| Foreign Priority claimed <input checked="" type="checkbox"/> yes <input type="checkbox"/> no<br>35 USC 119 (a-d) conditions met <input checked="" type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after Allowance <i>CD</i><br>Verified and Acknowledged<br>Examiner's Signature _____ Initials _____ |   | <b>STATE OR COUNTRY</b><br>JAPAN | <b>SHEETS DRAWING</b><br>15   | <b>TOTAL CLAIMS</b><br>15            | <b>INDEPENDENT CLAIMS</b><br>1 |
| <b>ADDRESS</b><br>25944  |   |                                  |   |                                      |                                |
| <b>TITLE</b><br>Image read apparatus   |   |                                  |   |                                      |                                |
| <b>FILING FEE RECEIVED</b><br>750  | FEES: Authority has been given in Paper<br>No. _____ to charge/credit DEPOSIT ACCOUNT<br>No. _____ for following: |                                  | <input type="checkbox"/> All Fees<br><input type="checkbox"/> 1.16 Fees ( Filing )<br><input type="checkbox"/> 1.17 Fees ( Processing Ext. of time )<br><input type="checkbox"/> 1.18 Fees ( Issue )<br><input type="checkbox"/> Other _____<br><input type="checkbox"/> Credit |                                      |                                |